P18000 000 189

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

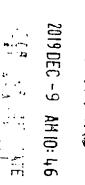
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORNAR	INFINITY M	MANUFACTURE	D HOMES CORP
	:R: P1800000948		
	"Amendment and fee are su		
·	ondence concerning this ma	C	
	_		
<u> </u>	ROGELIO CAST	ANEDA	
		Name of Contact Person	n
_		Firm/ Company	71
6	8715 N ARMENI	A AVE., APT #4	
_		Address	
٦	TAMPA FL, 3360	14	
		City/ State and Zip Cod	c
infin	itymanufacturedl	nomes@gmail.c	om
1	-	sed for future annual report	
For further information o	concerning this matter, pleas	se call:	
Rogelio Casta	ñeda	at (727	_, 488-1461
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

INFINITY MANUFACTURED HOMES CORP

(Name of Corporation as	currently filed with the Flo		e)		
P18000009489			_,		
(Documer	nt Number of Corporation (if l	known)		_	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fi	lorida Profit Corp	pration adopts the follow	ving amendm	ent(s) to
A. If amending name, enter the new m	ime of the corporation:				
				The ne	11
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o . A professione	"incorporated" or the il corporation name mu	abbreviatio	n
B. Enter new principal office address,	if a matimatalan			2019	
(Principal office address MUST BE A S				是層	-1
C. Enter new mailing address, if applia (Mailing address) MAY BE A POST of the Mailing address of the Mailing address of the May BE A POST of the Mailing address of the Mailing address of the Mailing address of the Mailing address of the Mailing address, if appliance of the Mailing address of the Mai	OFFICE BOX) d/or registered office addres	ss in Florida, ente	r the name of the	9 AHO: 40	
	Rogelio Castañeo	da			
Name of New Registered Agent	6015 19TH ST N				
	(Florida stree				
New Registered Office Address:	St. Pete		, Florida 33714		
	(City)		(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Avent: Yed agent 1 am familiar wi	ph and accept the a	bligations of the position	n	
	mature of Sam Racionard to	ant if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Juan D. Cabrera	6715 N ARMENIA AVE., APT #4
Add X Remove			Tampa, FL, 33614
2) Change	P	Rogelio Castañeda	6015 19TH ST N APT 316
X Add			St. Pete, FL, 33714
Remove	VP	Rogelio Castañeda	6015 19TH ST N APT 316
Add			St. Pete, FL, 33714
X Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
		•
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate NA)	endment if not contained in the amendment itself:	
(y nor appareuse, mateur x 3)		
		•••
		 -

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	12-05-2019	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(yoting group)	
,	(yoting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
12	-05-2019/	
Signature	Athor.	
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Rogelio Castañeda	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	